

Name
in
Full

William Nichols Abisch

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1905	Oct	19	Age. 3 mos	3 mos		
Sex	Female	Color or Race	White	Birth-place	Montgomery	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	—	Name of Wife or Husband	—			
Father's Name	Frederick Abisch			Father's Birthplace	Pa	
Mother's Maiden Name	Mattice Smith			Mother's Birthplace	Md	
Name of person giving information	Mother			How related to deceased	Mother	

CAUSES OF DEATH

Primary

Convulsions

11

How long

2 days

Immediate

Exhaustion

11

How long

—

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

R. Y. Lewis, M.D.

Address

Montgomery Md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Agus Margaret Estelle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Sykesville

Town County
Barrow

MARYLAND

Date of death 1905 Month 10 Day 17 Years — Months 1 Days 22

Sex Female

Color or Race
Neg.

Birthplace Md.

Occupation
none

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's Name
Elijah Tivers

Father's Birthplace Md.

Mother's Maiden Name
Mirah - g. Young

Mother's Birthplace Md.

Name of person giving information
Father Elijah Tivers

How related to deceased
Father

CAUSES OF DEATH

Primary

Malaria

151

How long

since birth

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

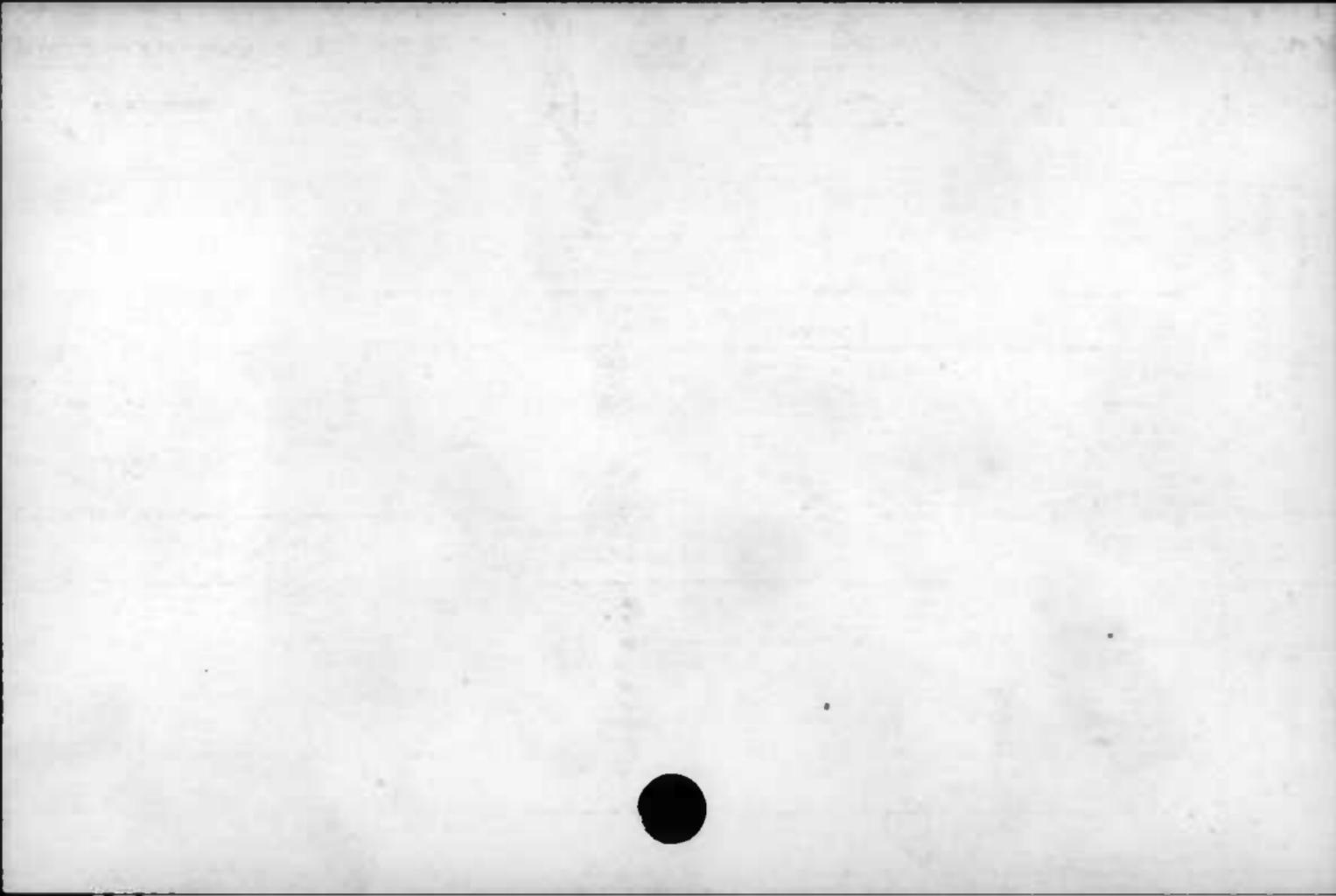
W. Frank Lucas MD

Address

Sykesville, Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Roland Bemiller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	10	2	—	—	5
Sex	Color or Race	White	Birth-place	Silver Run	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Albert J Bemiller				
Mother's Maiden Name	Willie Mathias				
Name of person giving information	Albert J Bemiller				
CAUSES OF DEATH					
Primary	Jaundice (52)				How long
Immediate					How long

PHYSICIAN
OR CORONER

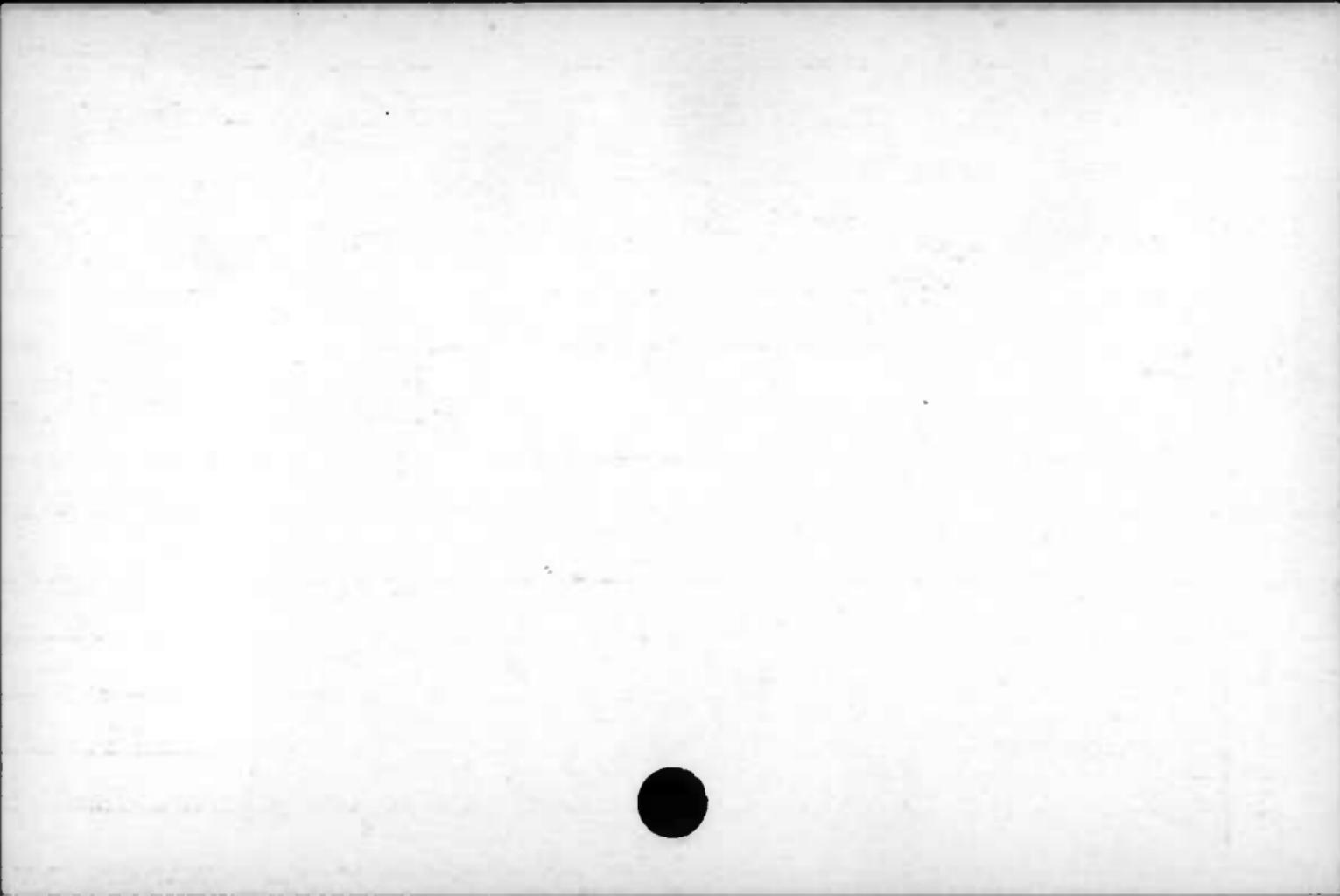
Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr J S Marshall
Silver Run Md

Accident or Suicide?



Name
in
Full

Louisa Biddinger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	white	Birth-place	Md.
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Married		Name of Wife or Husband	Scott Biddinger	
Father's Name			Snook	Father's Birthplace	Md.
Mother's Maiden Name	-			Mother's Birthplace	
Name of person giving information	C. H. Diller		How related to deceased	not related	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cancer

15

How long

1 year

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

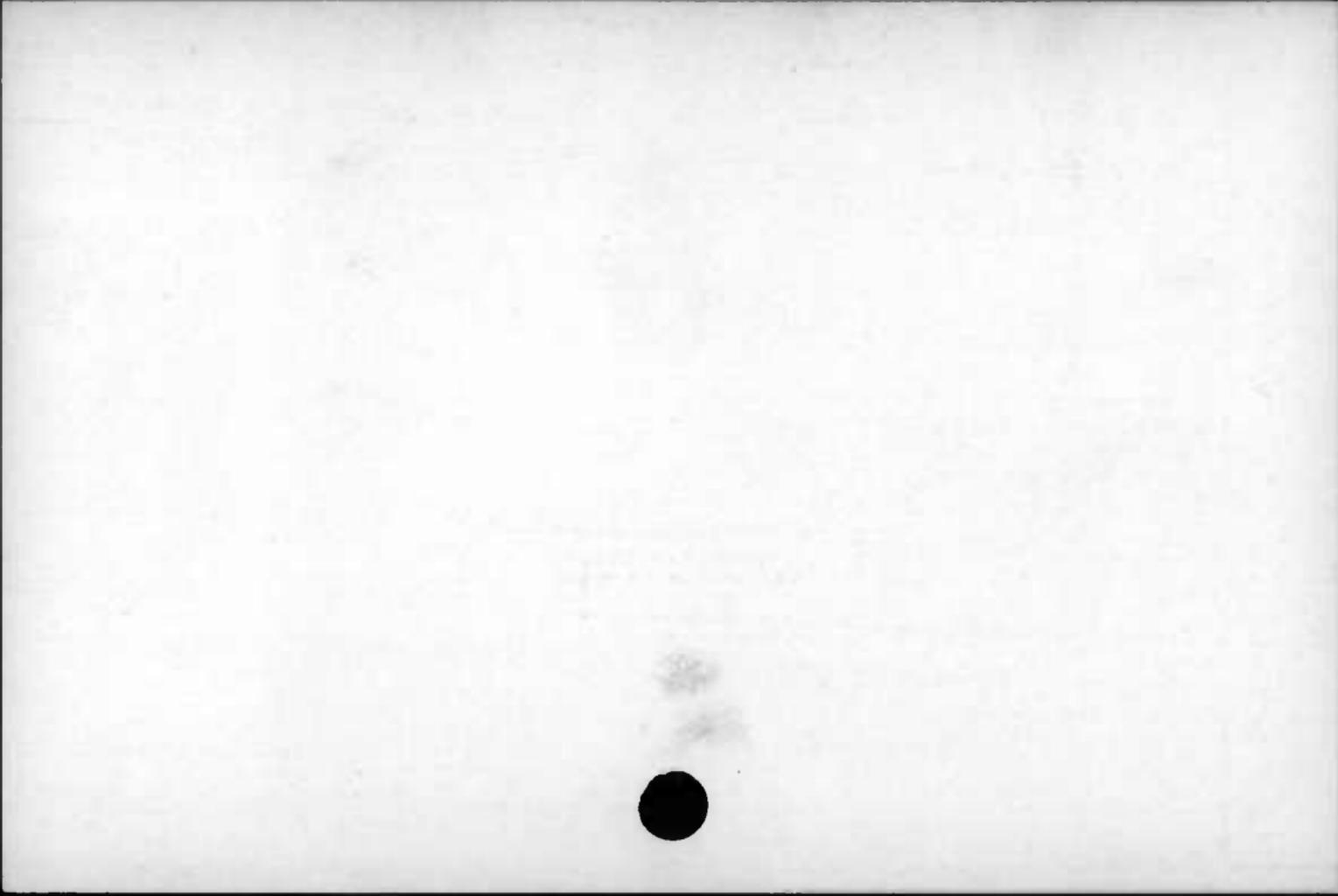
yes

Signature of Physician

Address

C. H. Diller M.D.
Double Pipe Creek
Md.

Accident or Suicide?



Name
in
Full

Alice Bitzell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Ward Westminister</u>		Town <u>Carroll</u>		County <u>MARYLAND</u>	
Date of death <u>1905</u>	Month <u>Oct</u>	Day <u>20</u>	Years <u>40</u>	Months <u>8</u>	Days <u>7</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Maryland</u>			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Philip Bitzell</u>				
Father's Name <u>Andrew Fowler</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Catharine Scoby</u>	Mother's Birthplace <u>Ireland</u>				
Name of person giving information <u>Andrew Fowler</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid Fever



How long

5 weeks

Immediate

Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Thos. J. Coonan
Ward Westminister

Address

Accident or Suicide?

St Louis

Name
in
Full

Rachael - Clemmison

123
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Union, Bridge</u>		Town <u>Carroll</u> County		MARYLAND	
Date of death <u>1905</u>	Month <u>Oct</u>	Day <u>25</u>	Years <u>89</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place			
Occupation		Where Residing if not at place of death, <u>John D. Lippard - Union, Clemmison</u>			
Married, Single or Widowed <u>Never</u>	Name of Wife or Husband <u>John D. Lippard - Union, Clemmison</u>	Father's Birthplace			
Father's Name					Mother's Birthplace
Mother's Maiden Name					How related to deceased
Name of person giving Information					

CAUSES OF DEATH

Primary

Oct. age 50

How long

Immediate

Insufficiency of heart failure 6 weeks

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. D. C. Lippard

Union, Bridge

Accident or Suicide?

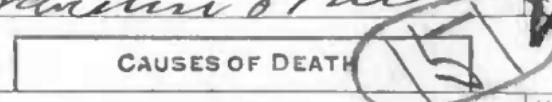
Not Viewed Completely

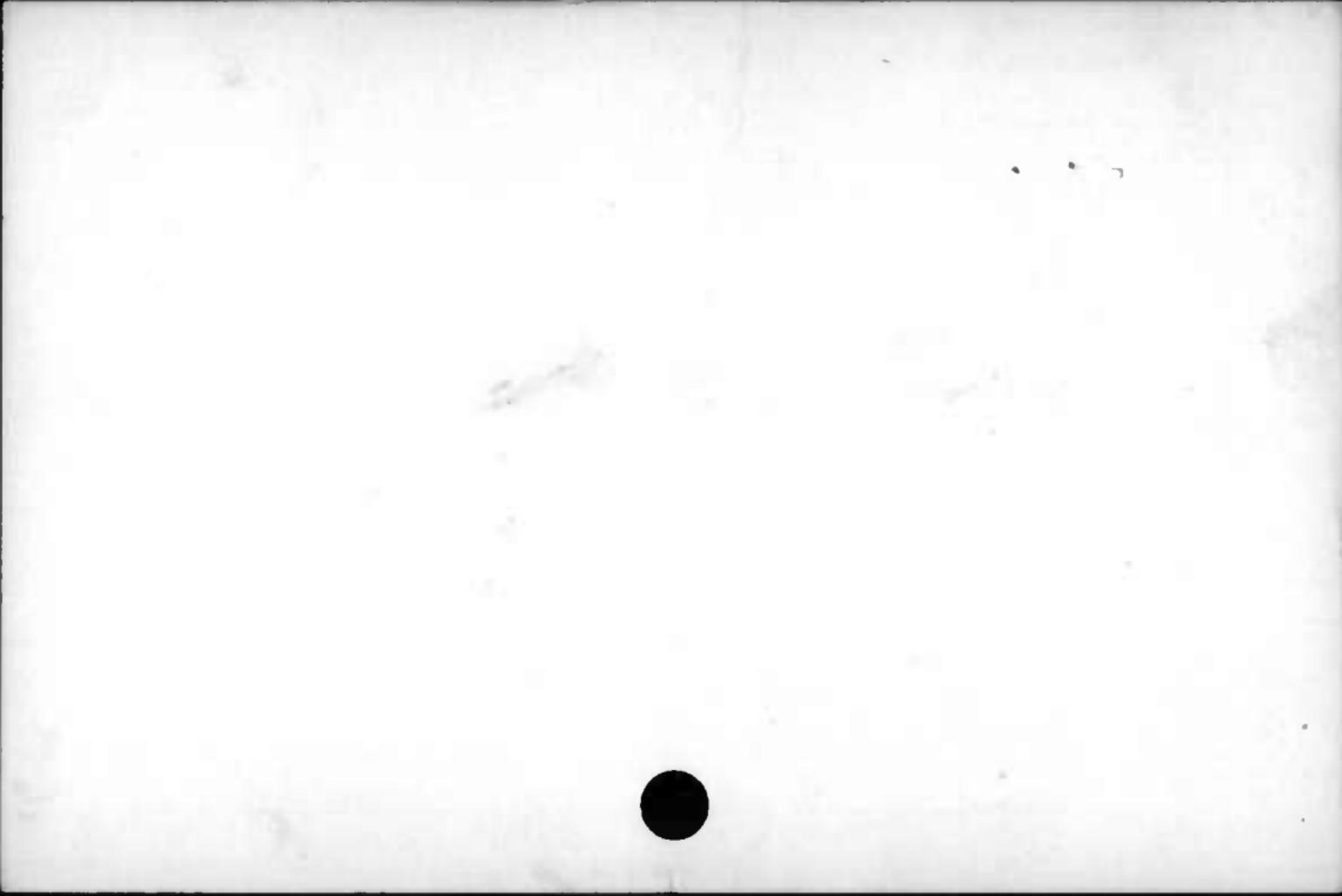
Name
in
Full

Glengan (M.M.)

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1905	Month 6th	Day 9	Years	Months	Days
Sex	Male	Color or Race	White Amer.	Birth-place	Janey town	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	George C. Glengan		Father's Birthplace	Md		
Mother's Maiden Name	Maison Hiss		Mother's Birthplace	"		
Name of person giving information	Grandmother		How Related			
<p style="text-align: center;">CAUSES OF DEATH</p> 						
Primary	Premature Birth		How long			
Immediate	Asthma		How long			
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	Abbrevie		
yes			Address	Janey town		
Accident or Suicide?						



Name
in
Full

Piis David Cooper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

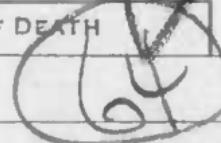
Died at <u>Westminster</u>		County <u>Carroll</u>		MARYLAND		
Date of death <u>1905</u>	Month <u>Oct.</u>	Day <u>27</u>	Age <u>49</u>	Years	Months <u>6</u>	Days <u>4</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Carroll Co. Md</u>				
Occupation <u>Book</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Rosa Cooper</u>					
Father's Name <u>Benjamin Cooper</u>	Father's Birthplace <u>Carroll Co. Md</u>					
Mother's Maiden Name <u>Don't know</u>	Mother's Birthplace <u>"</u>					
Name of person giving Information <u>Rosa Cooper</u>	How related to deceased <u>wife</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Hemiplegia



How long

9 mos.

Immediate

Apoplexy

How long

3 hours

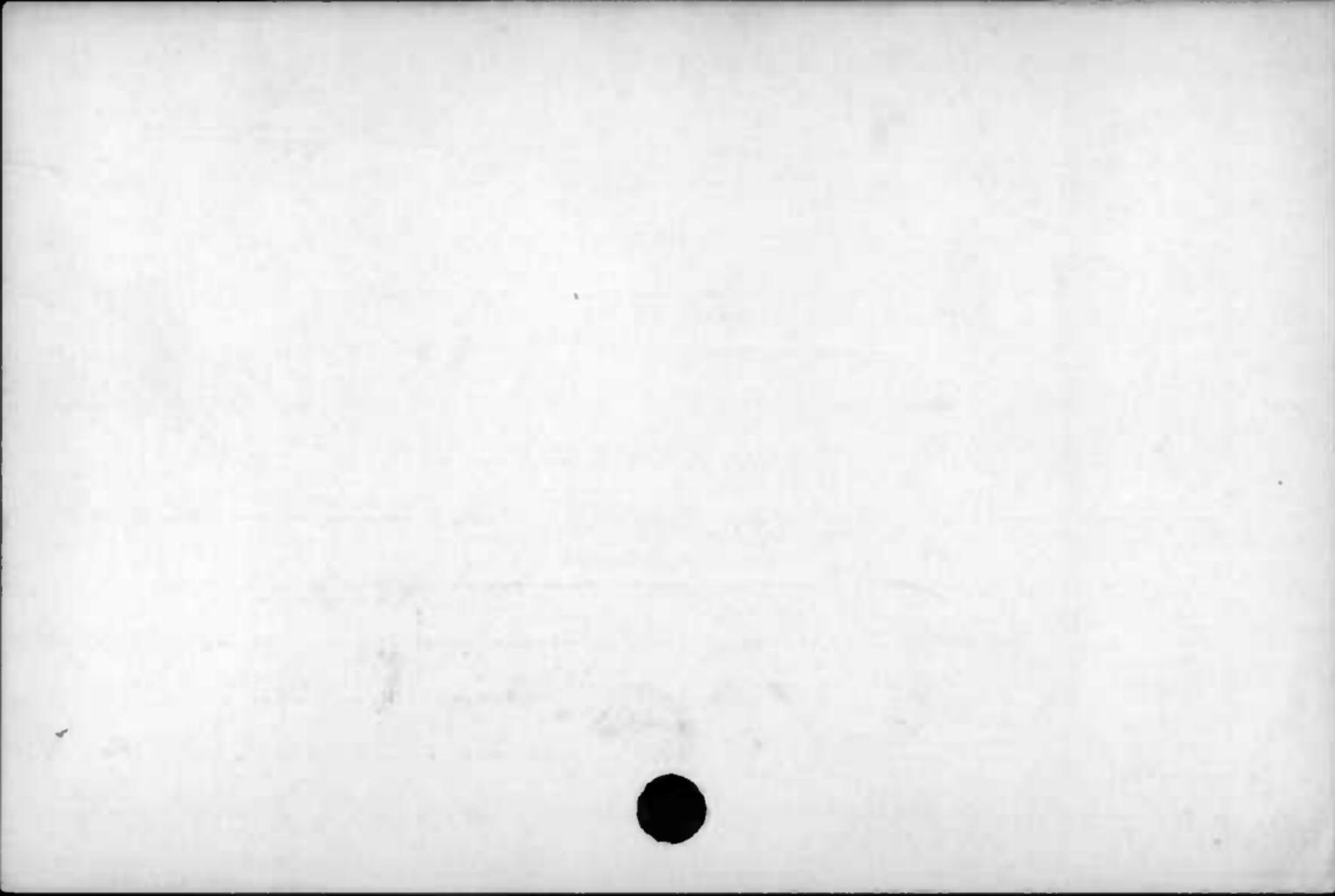
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Chas. R. Goutz
Westminster
Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Catharine Coates

Town

County

MARYLAND

Died at Westminster

Carroll

Date of death 190 Month Day

Years Months Days

Oct 4

Age

61

11

Sex Female Color or Race

white

Birth-place Pennsylvania

Occupation

Where Residing if not
at place of death

Married, Single or Widowed

Name of Wife or Husband

Ferdinand E Coates

Father's Name

Peter Lingenfelter

Father's Birthplace Pennsylvania

Mother's Maiden Name

Matilda Bress

Mother's Birthplace " "

Name of person giving Information

Charles Coates

How related to deceased Son

CAUSES OF DEATH

Primary

Cancer of Stomach (X) 6 mos

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Jos. T. Herring
Westminster
Md.

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Elizabeth Coulter

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Carroll	County	MARYLAND	
Date of death 190	Month Oct.	Day 12 th	Years 83	Months	Days
Sex Female	Color or Race white	Birth-place Md.	—	—	—
Occupation none	Where Residing if not at place of death	—			
Married, Single or Widowed Single	Name of Wife or Husband —	—			
Father's Name J. P. Coulter	Father's Birthplace Md.	—			
Mother's Maiden Name Debora Olyne	Mother's Birthplace Pa	—			
Name of person giving Information Miss Duvall	How related to deceased Niece	—			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Senile dementia

93

How long

over 5 yrs -

Immediate

Lobar Pneumonia

How long

24 hrs -

Are the name, age, sex, color, date and place correctly given above?

Yes -

Signature of Physician

Charles D. Hill -

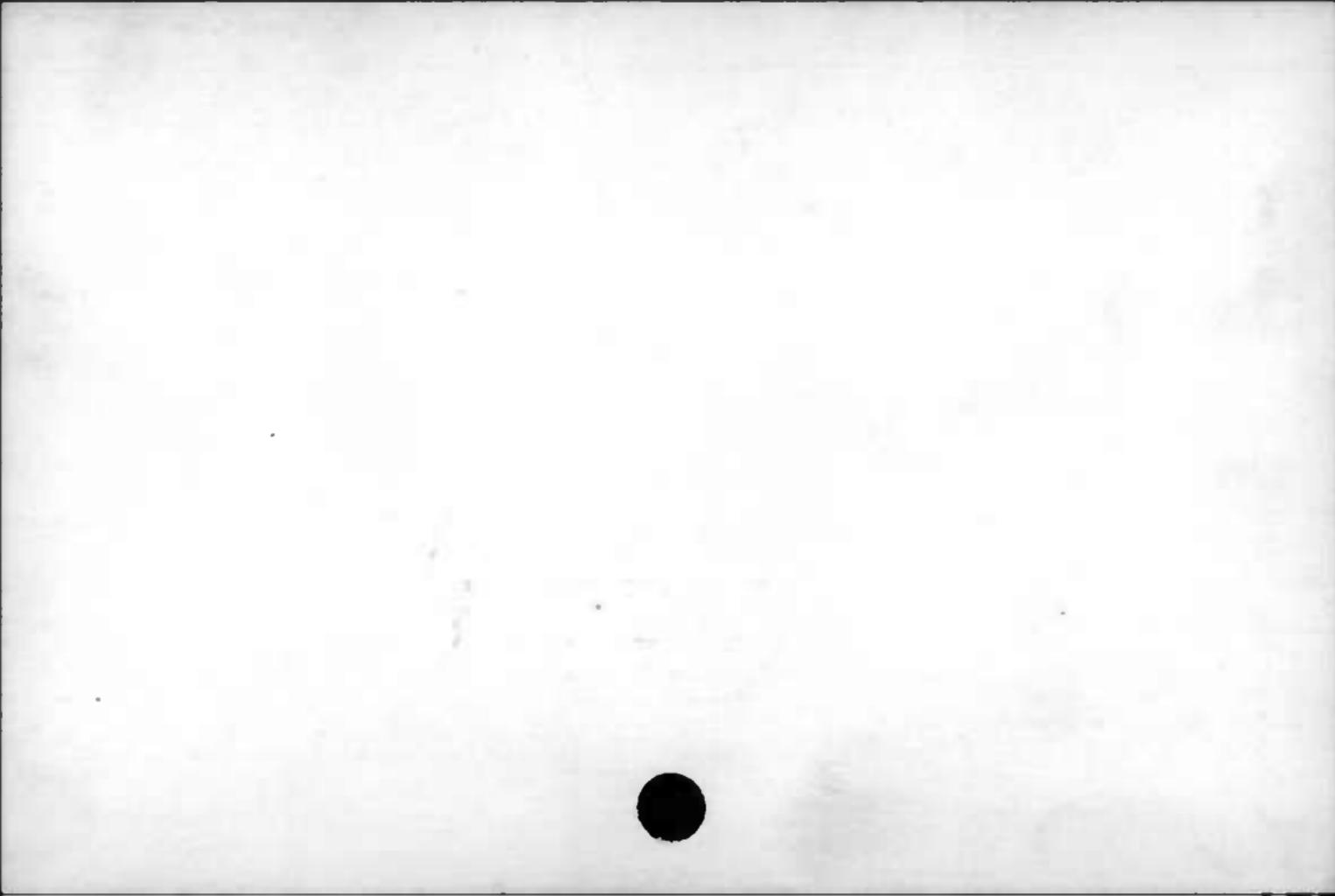
Address

Sykesville

Carroll Co. Md.

Accident or Suicide?

No -



Name
in
Full

James Day

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1905	Month 10 th	Day 19 th	Years 71	Months	Days
Sex	Male	Color or Race	white	Birth-place	—	
Occupation	Fisherman			Where Residing if not at place of death		
Married, Single or Widowed	Widower	Name of Wife or Husband	—			
Father's Name	—			Father's Birthplace	—	
Mother's Maiden Name	—			Mother's Birthplace	—	
Name of person giving Information	Hospital Records			How related to deceased	—	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Interstitial nephritis 20 How long ?

Immediate Cardiac Dilatation 20 How long ?

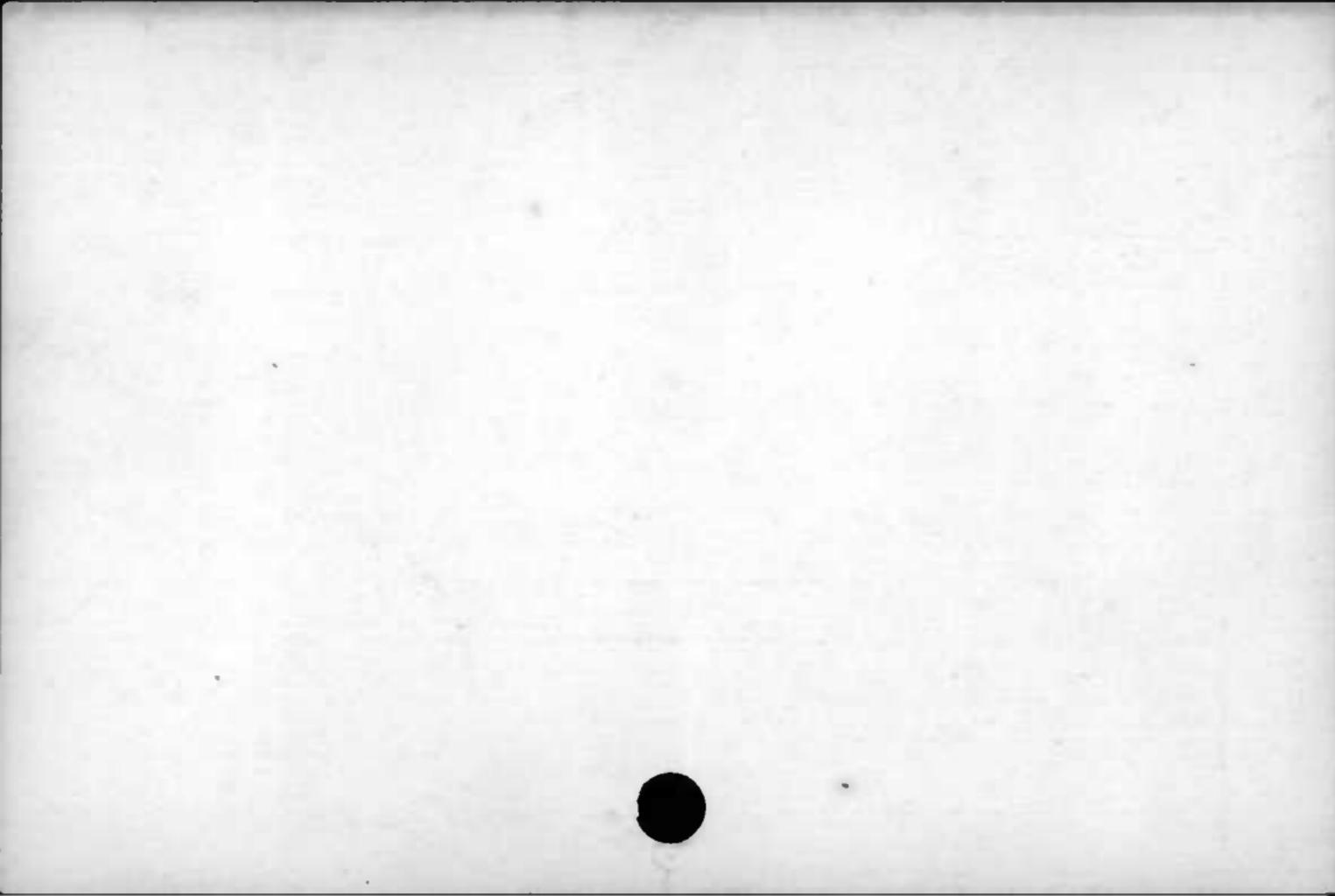
Are the name, age, sex, color, date and place correctly given above? To best Signature of Physician

of my knowledge Address

Accident or Suicide?

W. Henry Fisher

Sykesville
Md.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Albert Duderar, Lucile
Town: Sykesville County: Carroll

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Date
of death

1905

Month

Oct 29

Day

Years

Months

Days

Age

Age

Sex

Male

Color or
Race

White

Birth-
place

Md.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Albert J. Duderar

Father's
Birthplace

Md.

Mother's
Maiden Name

Clark Beauman

Mother's
Birthplace

Md.

Name of person giving
Information

A. J. Duderar

How related
to deceased

Father

CAUSES OF DEATH

Primary

Gastric irritation

How long

Abst. books

Immediate

Guernsey

How long

Abst. books

Are the name, age, sex, color, date
and place correctly given above?

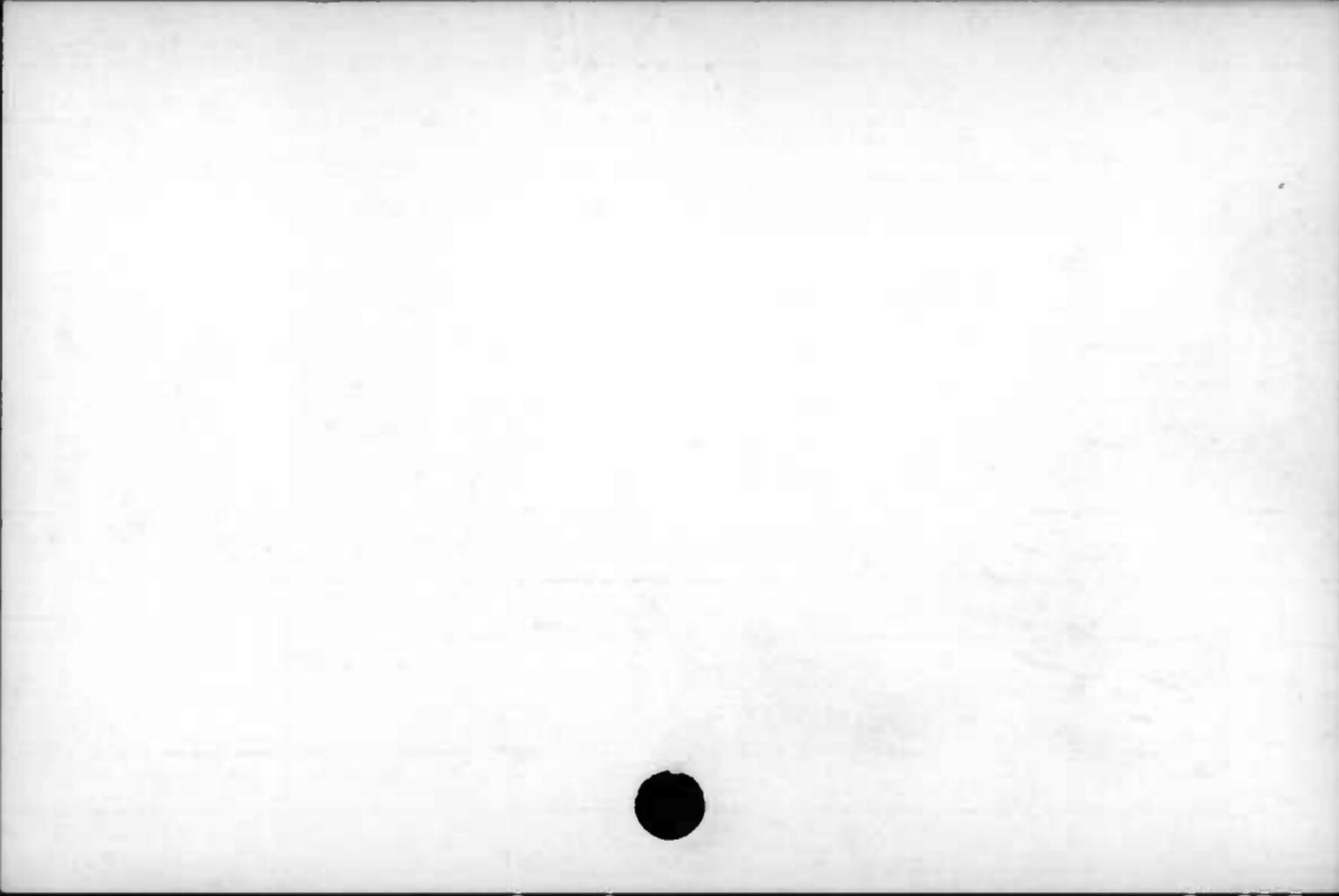
Yes

Signature of
Physician

Address

O. H. Duderar
Sykesville
Md.

Accident or Suicide?



Name
in
Full

Allen Fissi

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Westminster Town Carroll County
Date of death 1905 Month Oct Day 1 Years 62 Months 9 Days
Sex Male Color or Race white Birth-place New York
Occupation Retired Farmer Where Residing if not at place of death
Married, Single or Widowed Widower Name of Wife or Husband Mary E. Fischer
Father's Name Leonard Fiss Father's Birthplace New York
Mother's Maiden Name Leontine Karon Mother's Birthplace New York
Name of person giving information Hattie Grumbick (2) How related to deceased Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Hypertrophy of Heart

How long

several years

Immediate

Nephritis - Heart failure

How long

3 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Chas. R. Doubt M.D.
Westminster
Md.

Accident or Suicide?

Shaw

Westminster Cemetery

Name
in
Full

William Troumpfeler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Tyrone</u>		Town	County <u>Marshall</u>		MARYLAND	
Date of death <u>1905 Oct</u>	Month <u>Oct</u>	Day <u>22</u>	Years <u>75</u>	Age <u>75</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>white</u>			Birth-plate <u>Md.</u>		
Occupation <u>Wheelwright</u>	Where Residing if not at place of death					
Married, Single <u>Married</u>	Name of Wife or Husband <u>Mrs Wm. Troumpfeler</u>					
Father's Name						Father's Birthplace
Mother's Maiden Name						Mother's Birthplace
Name of person giving information						How related to deceased
<u>Mrs Wm Troumpfeler</u> Wife						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Nephritis chronic

How long

several years

Immediate

Urnia

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

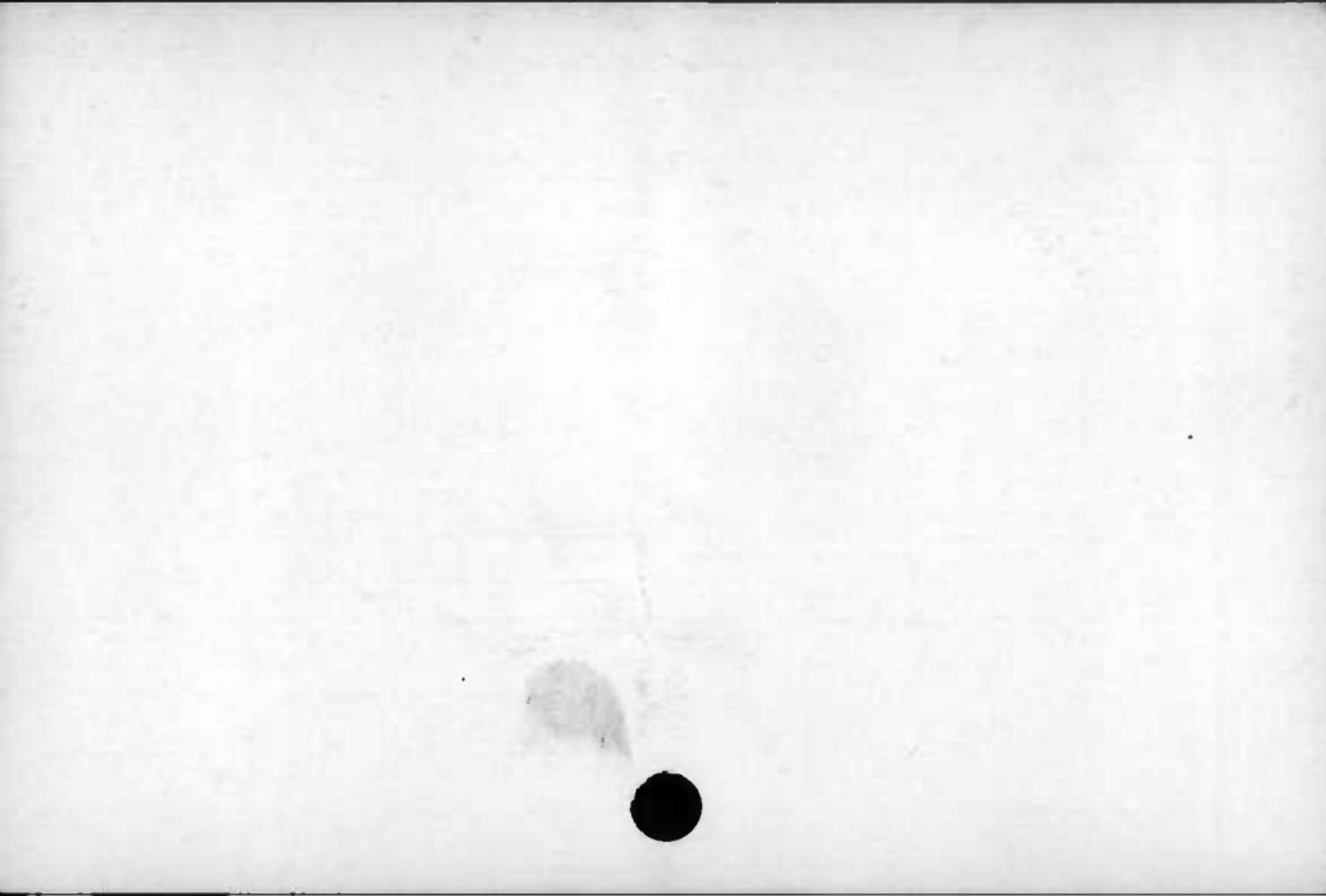
yes

Signature of Physician

Address

Chas. R. Fouley
Westminster
Md

Accident or Suicide?



Name
in
Full .

Mary Elizabeth Gardner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	49		
Occupation		Where Residing if not at place of death		Birth-place	Maryland
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Isaac Gardner		Father's Birthplace		Maryland
Mother's Maiden Name	Mary Smith		Mother's Birthplace		DC
Name of person giving information	Margaret D Gardner		How related to deceased		Sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

1 year

Immediate

"

How long

"

Are the name, age, sex, color, date and place correctly given above?

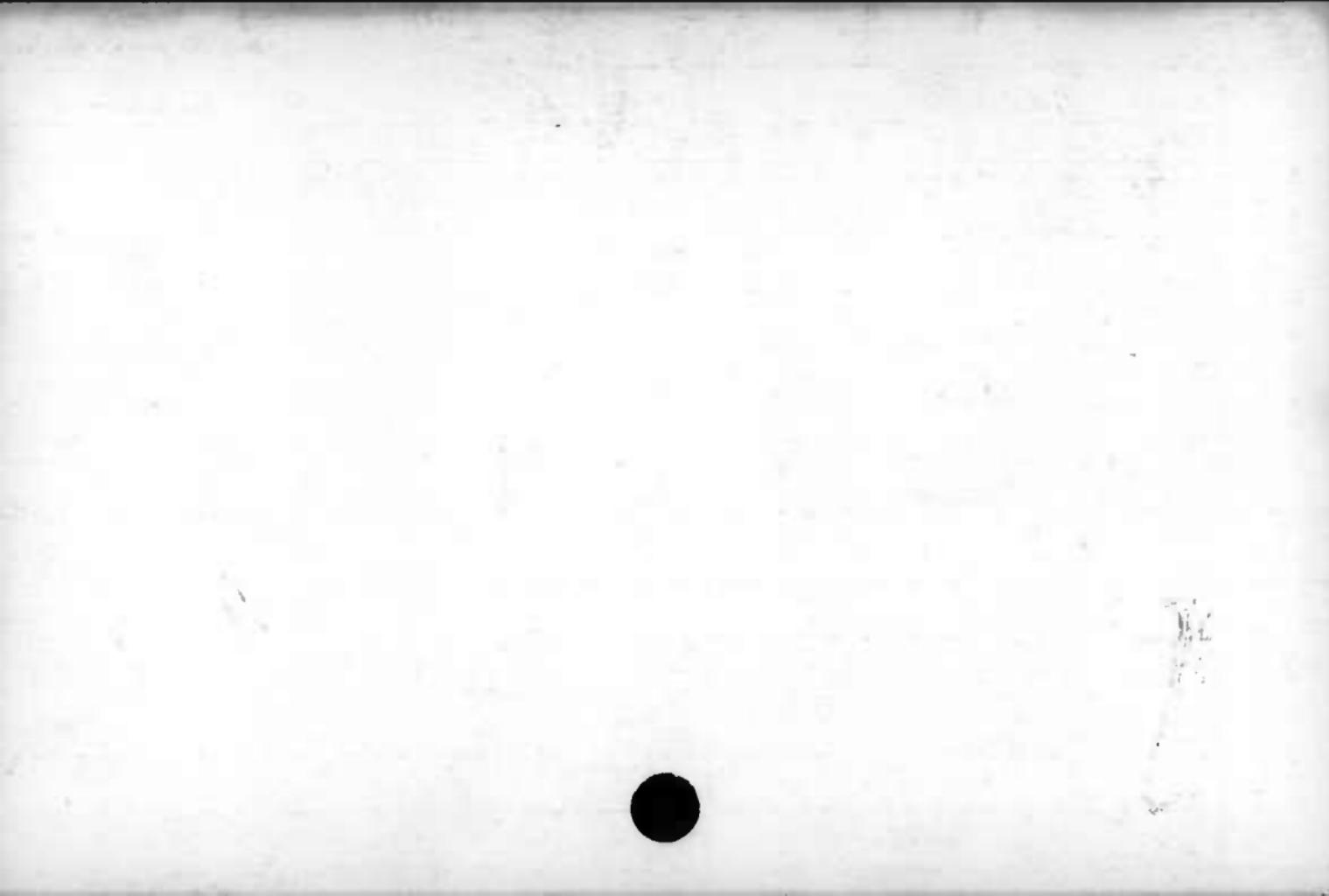
Yes

Signature of Physician

Address

Jos. J. Henry
West 81st
Ave

Accident or Suicide?



Name
in
Full

John C Gilbert

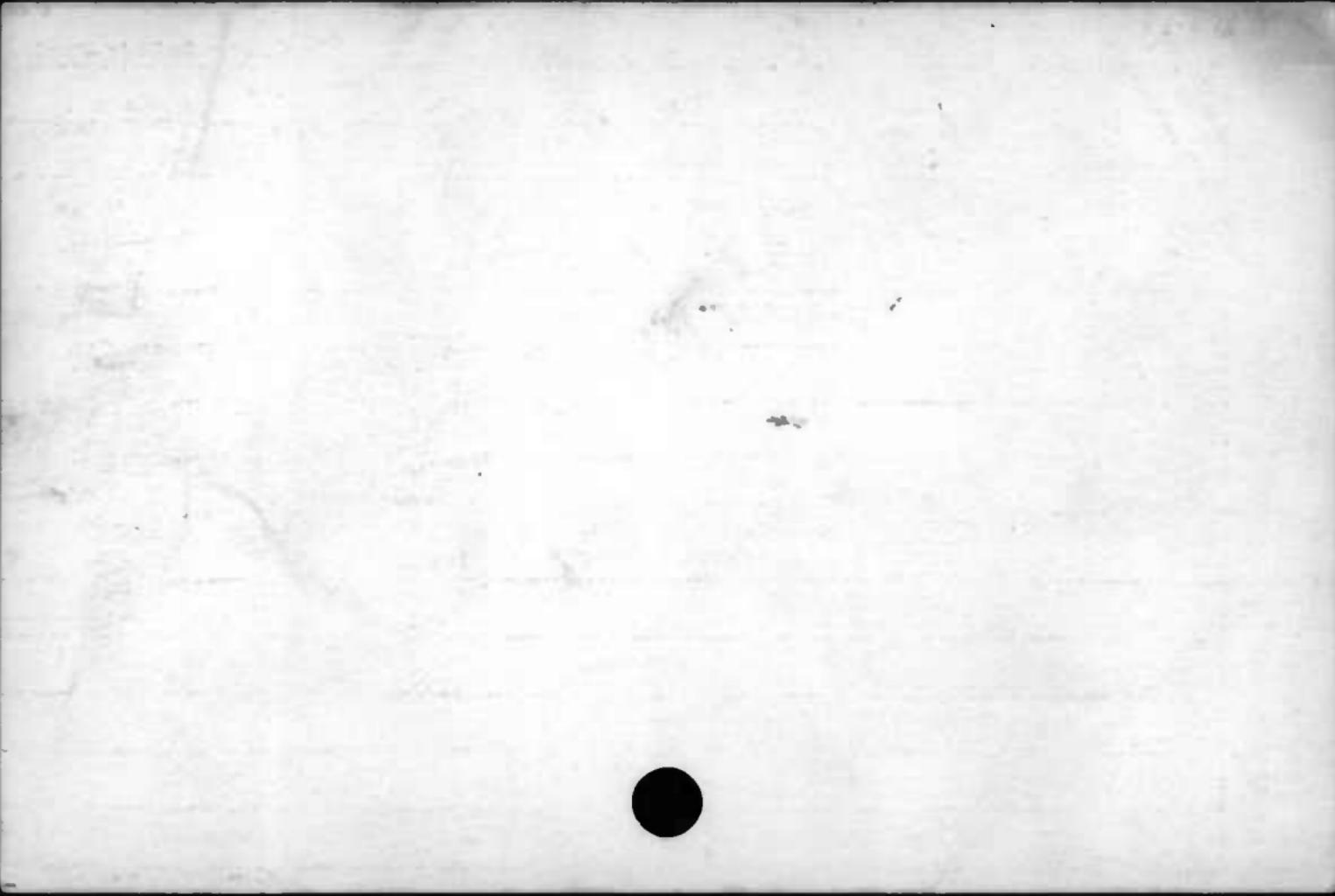
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Manchester		County Carroll		MARYLAND	
Date of death 1906	Month Oct	Day 7	Age 7	Years 7	Months 7
Sex Male	Color or Race white			Birth- place Wakefield	Days 16
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband Charles Gilbert		Father's Birthplace Carroll Co Md		
Father's Name					
Mother's Maiden Name Lorraine Wagner			Mother's Birthplace - - -		
Name of person giving Information Charles Gilbert			How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary Fracture of Skull Laceration of Pariet & Temporines	How long 13 days
	Immediate Mincing	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician John E. Ziegler, M.D.	
Address 111 W. Main St.		
Accident or Suicide?	Med.	



Franklin Albert Grimes

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	7	Months	Days
Sex	Male	Color or Race	White	Birth-place	Maryland	
Occupation	Drugist		Where Residing if not at place of death	Knights Landing Col		
Married, Single or Widowed	Widower	Name of Wife or Husband	Katie Gaddis			
Father's Name	George W. Grimes		Father's Birthplace	Maryland		
Mother's Maiden Name	Eliza Buffington		Mother's Birthplace	"		
Name of person giving information	Elias O. Grimes		How related to deceased	Brother		

CAUSES OF DEATH

Primary

Paralysis

(X)

How long

3 months

Immediate

Sphyley

One week

Are the name, age, sex, color, date and place correctly given above?

X

Signature of Physician

Address

Jac. H. Billingslea

Westminster

Md.

Accident or Suicide?

No

Sharon

Name
in
Full

Elizabeth Ann Henry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	1905	Month 10 th	Day 6 th	Years 44	Months Days
Sex	Female	Color or Race	White	Birth-place Md.	
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	—		
Father's Name	Not known	—			Father's Birthplace 2
Mother's Maiden Name	Not known	—			Mother's Birthplace 2
Name of person giving Information	Mrs. St. G. Curing	—			How related to deceased Sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Epileptic Dementia	6	How long over 5 yrs
Immediate	Exhaustion		How long —
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		John Norfoek Morris M.D., Springfield State Hospital, Sykesville, Carroll Co., Md.	
Address			
Accident or Suicide?			
No			

Catherine Hesson

Town

County

Died at

Littlestown

Adams - Penn

MARRIED

Date 1905

Month

Day

Y

M.

D.

Native of

Occupation

Male

White

Yes

Married

Widow

Yes

Divorced

" " "

Female

Colored

Yes

Single

Widower

Number of children living

5

Husband

of Isaac Hesson, deceased

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Information of age

How long sick

3 or 4 days

Death

Immediate

"

"

"

Accident, Suicide, Homicide

Reported by

E. K. Freeman MD

Address

Littlestown, Adams, Co., Penn.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mr. Heslop always
lived in England
but had went to
Cuttlerston and
died there and
was buried in
that place

Name
in
Full

William Keenan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Died at		Springfield Hospital	Carroll		
Date of death	Month	Day	Years	Months	Days
1905	10	5 th	Age 21		
Sex	Male	Color or Race	White	Birth-place	
Occupation				Where Residing if not at place of death	
Married, Single or Widowed	Single			Name of Wife or Husband	
Father's Name	Henry Keenan			Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information	Hospital Records			How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Epilepsy

68

How long

10 yrs.

Immediate

Cerebral Oedema

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

To best

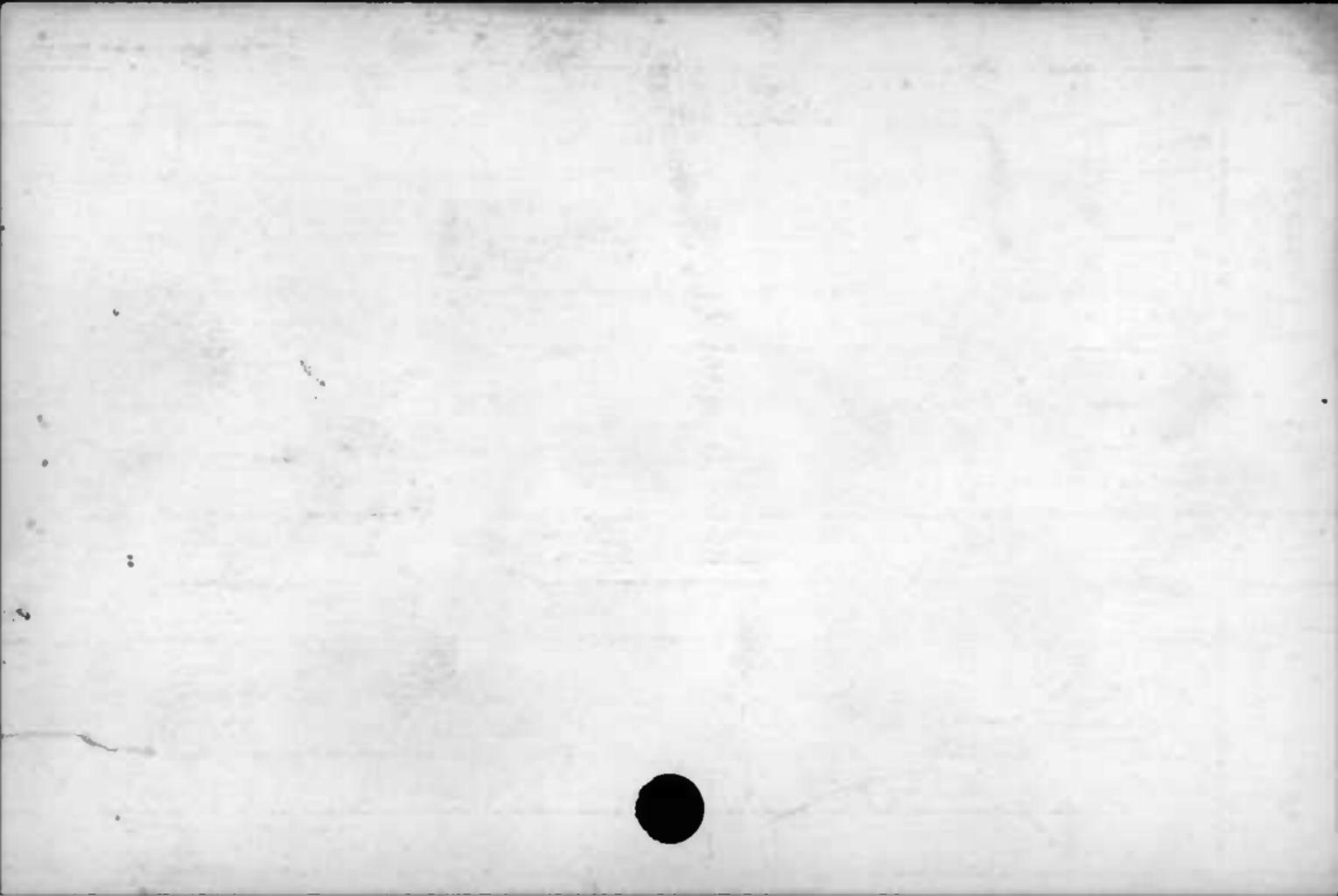
Signature of Physician

of my knowledge.

Address

W. Henry Fisher M.D.
Sykesville Md.

Accident or Suicide?



Name
in
Full

Catherine Kroft

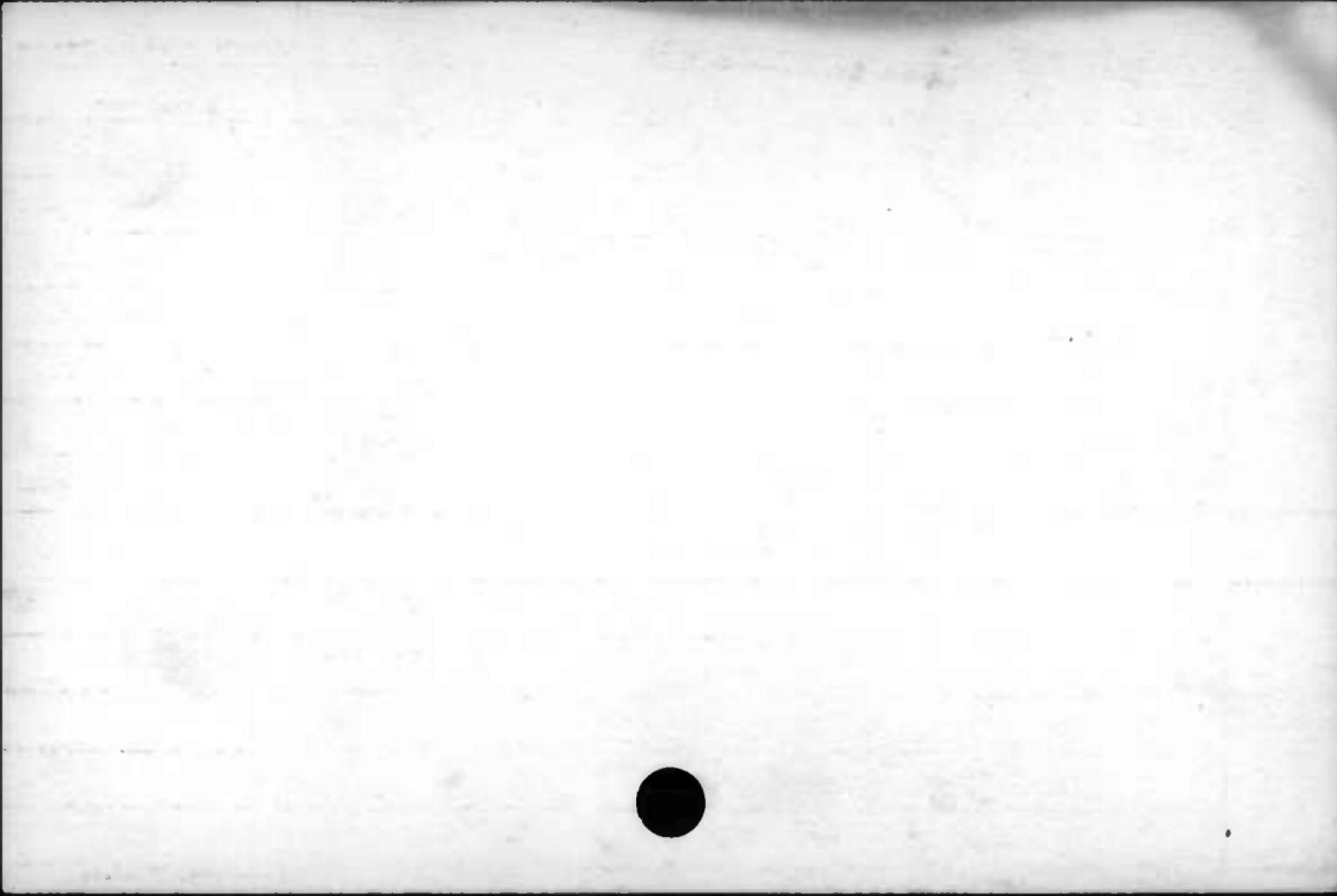
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bachman's Mill Carroll</u>				County	MARYLAND		
Date of death <u>1905</u>	Month <u>Oct.</u>	Day <u>18</u>	Age <u>53</u>	Years	Months	Days	
Sex <u>Female</u>	Color or Race <u>white</u>			Birth-place <u>Md.</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death						
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>John W. Kroft</u>						
Father's Name <u>Charles Schetter</u>	Father's Birthplace <u>Pa.</u>						
Mother's Maiden Name <u>Catherine Hess</u>	Mother's Birthplace						
Name of person giving Information <u>John W. Kroft</u>	How related to deceased						

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Hepatic Calculus</u>	How long <u>.8 mos.</u>
	Immediate <u>Exhaustion</u>	How long <u>10 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Chas. R. Youth</u>
		Address <u>Washington D. C.</u>
Accident or Suicide?		



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Sarah Ann Lennmon

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1905	Month October	Day 28	Years 74	Months 6	Days 5
Sex	Female	Color or Race	White	Birth-place Maryland		
Occupation	Housewife		Where Residing if not at place of death Jesse Lennmon			
Married, Single or Widowed	Name of Wife or Husband		Jesse Lennmon			
Father's Name	George Grisbene		Father's Birthplace			
Mother's Maiden Name	Regina Renk		Mother's Birthplace			
Name of person giving information	Jesse Lennmon		How related to deceased Husband			

CAUSES OF DEATH

Primary

Grey Heart Failure

How long

One Year

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

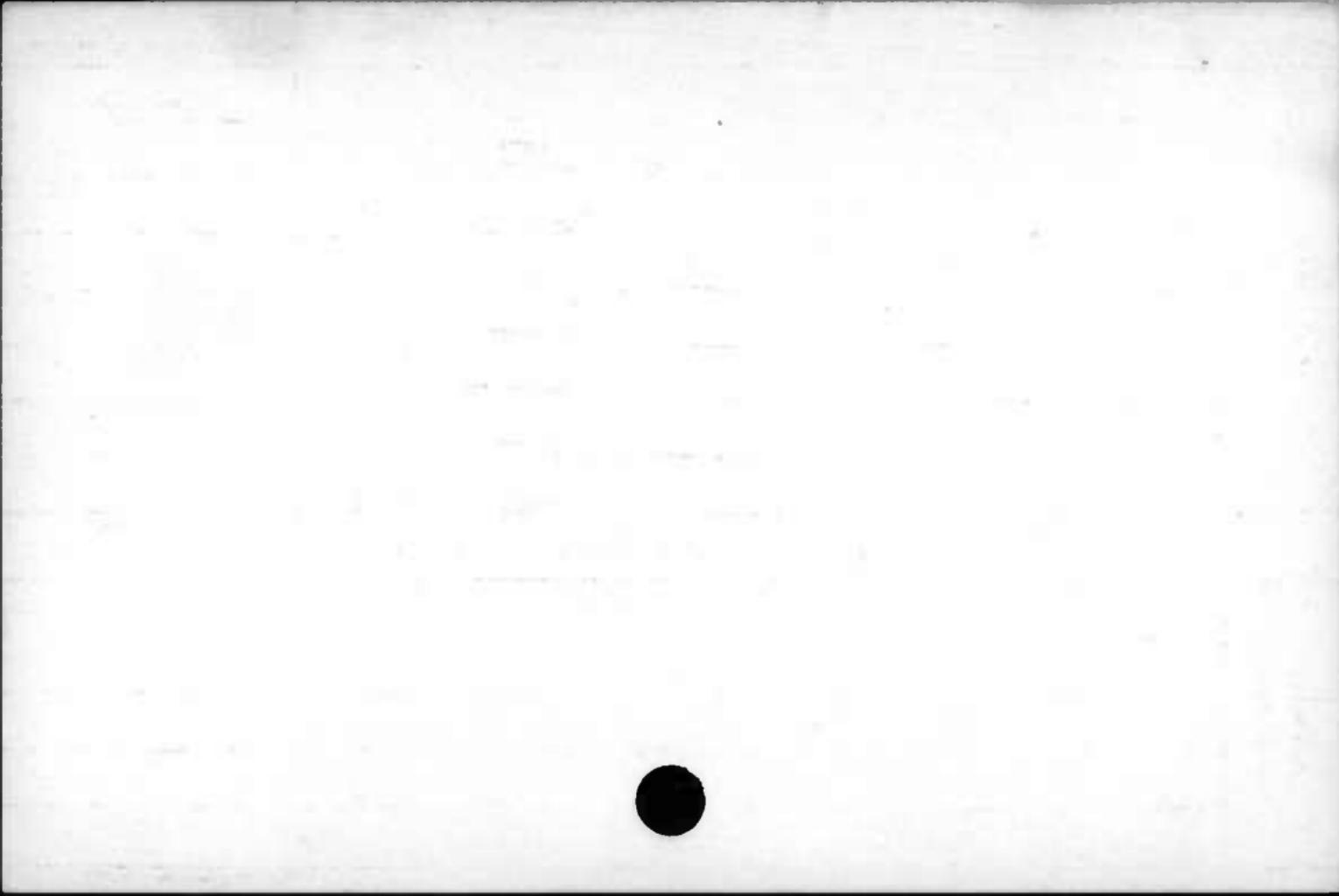
yes

Signature of Physician

John J Stewart
Emmett Mills

Address

Accident or Suicide?



Name
in
Full

Lillian M. Leong

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		Date of death		
Union Bridge		Carroll			1905	Month	Day
					18	Years	6
Sex		Female	Color or Race	white	Age		Months
Occupation		Housewife	Where Residing if not at place of death			Days	
Married, Single or Widowed		Married	Name of Wife or Husband	Union Bridge			
Father's Name		Walter, C. Leong			Father's Birthplace		Silver Run
Mother's Maiden Name		Ezra. Yingling			Mother's Birthplace		
Name of person giving information		Walter Leong			How related to deceased		Husband
CAUSES OF DEATH							
Primary	Tuberculosis (Phthisis)				How long		18 mos
Immediate	Heart.				How long		1 mos.
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	W. Herbert Brown		
				Address	Union Bridge		
					Carroll Co.		

Accident or Suicide?

Unionville

Name
in
Full

Bessie A. Miller

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Westminster	County	MARYLAND
Date of death	1905 Oct	Month Day	Years Months Days
Sex	Female	Color or Race	white
Occupation	Housewife	Where Residing if not at place of death	Williamsport, Md.
Married, Single or Widowed	Married	Name of Wife or Husband	Zoiza Miller
Father's Name	Adolph Miller	Father's Birthplace	Williamsport, Md.
Mother's Maiden Name	Don't know	Mother's Birthplace	"
Name of person giving information	Kemp Murray	How related to deceased	Brother-in-law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

Don't know

Immediate

Acute Indigestion

How long

8 hours.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

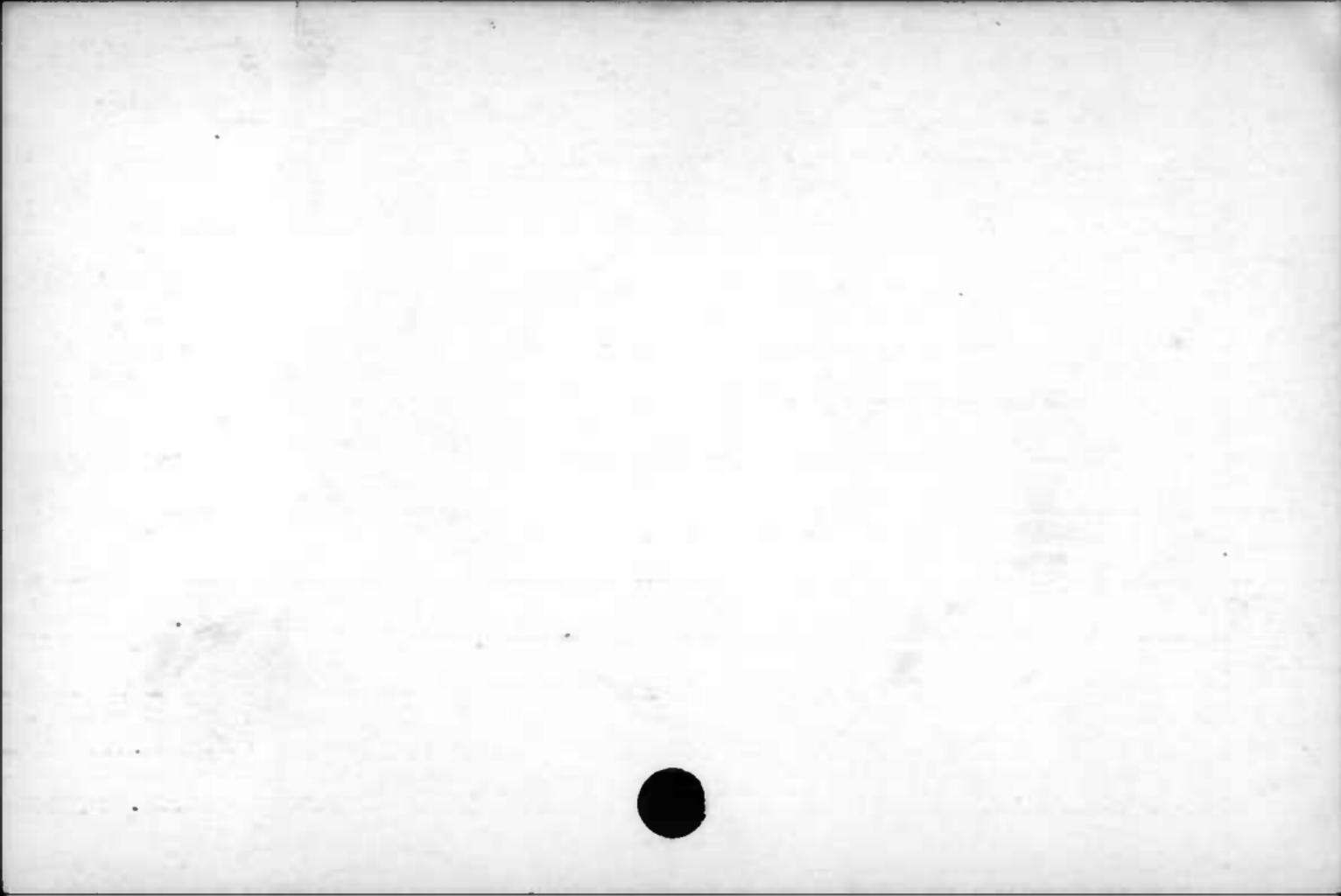
Address

Chas. R. Foutz, M.D.

W.M.D. 8/9/06

Westminster
Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Wm H. Ondorff

Town

County

MARYLAND

Died at Mt. airy

Carroll

Date of death 1905

Month Oct.

Day 28

Years 79

Months

Days

of death 1905

Age

Years

Months

Days

Sex Male

Color or Race

White American

Birth-place

Washington and

Occupation

Farmer

Where Residing if not
at place of death

Mt. airy 2nd

Married, Separated
or Widowed

Name of Wife or
Husband

Father's
Name

Wm H. Ondorff

Father's
Birthplace

W.M.

Mother's
Maiden Name

Mary Byers

Mother's
Birthplace

W.M.

Name of person giving
Information

Wm. Spurrier

How related
to deceased

Son in Law

CAUSES OF DEATH

Primary

General debility

✓ 50

How long

3 wks.

Immediate

General debility

How long

3 wks

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

js

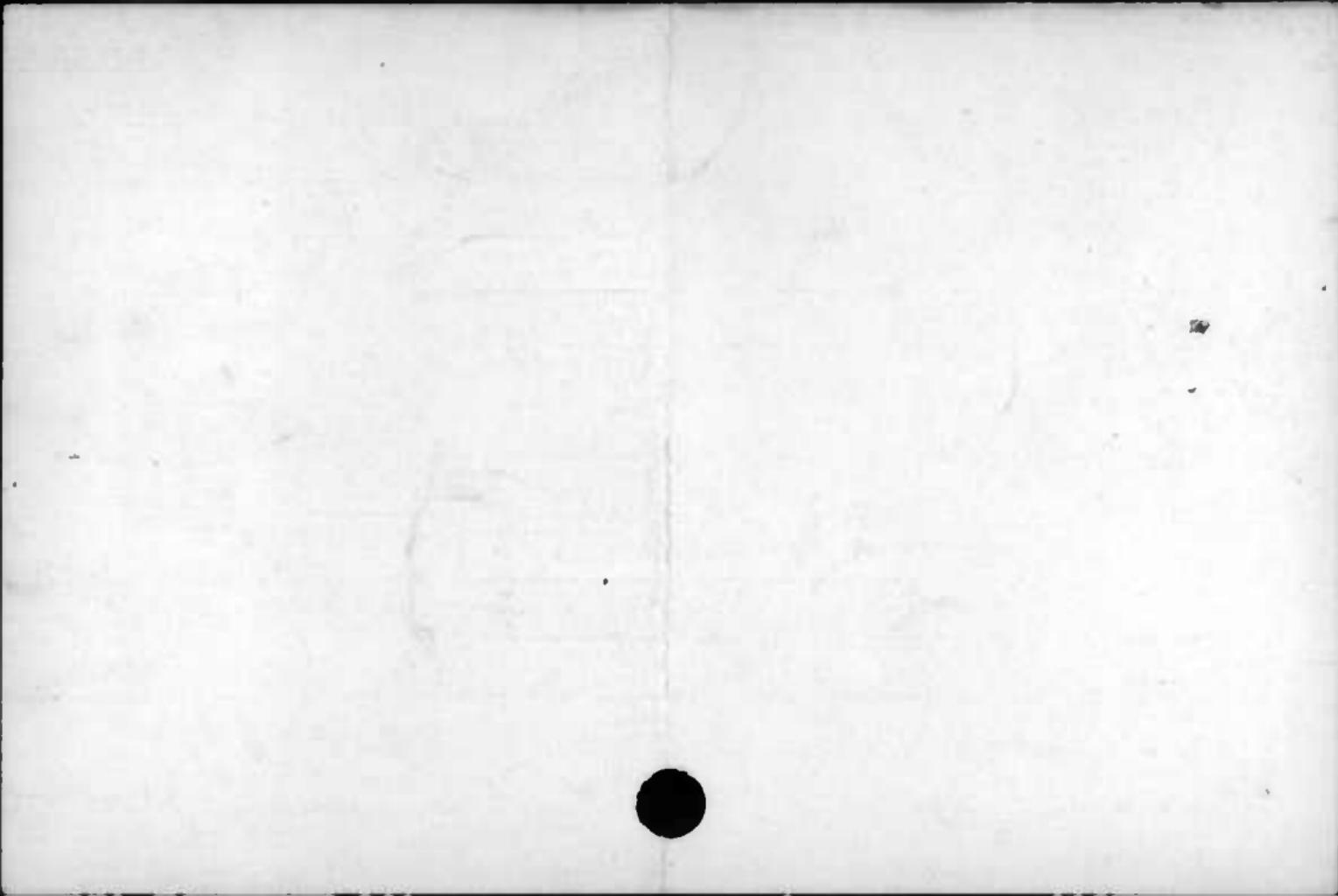
Signature
Physician

W. E. Taver

Address

Mt. airy and

Accident or Suicide?



Name
in
Full

Ethel May Porter

CERTIFICATE OF DEATH

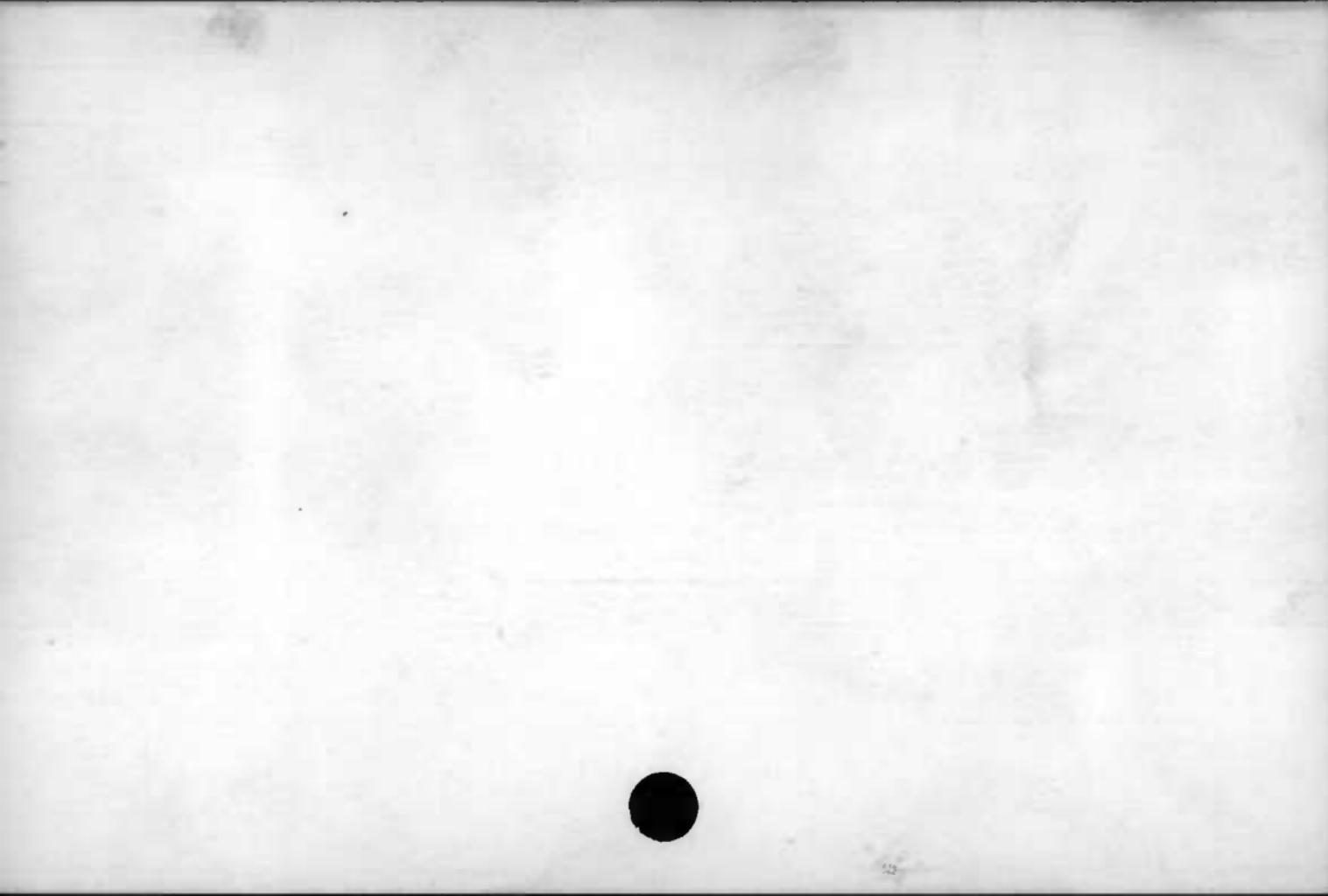
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1905	Month Oct	Day 1	Years —
Sex Female	Color or Race White	Birth-place Sykesville Md.	Months 2 weeks 3 Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Jessie W. Porter	Father's Birthplace	Md.
Mother's Maiden Name	Ellanora N. Beaver	Mother's Birthplace	Md.
Name of person giving information	Jessie W. Porter	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Eulentes Complicated by Pneumonia		How long	One week
Immediate	Failure of Respiration		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	A.B. Sprecher M.D.	
		Address		
Accident or Suicide?				



Name
in
Full

Elisha Peter Prugh

CERTIFICATE OF DEATH

21
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	6	5	23
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Bloom			
Father's Name	William E Prugh			Father's Birthplace	Bloom
Mother's Maiden Name	Laura N. Wolf			Mother's Birthplace	Deer Park
Name of person giving Information	Laura N Prugh			How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Rheumatism	How long	1 week
Immediate	Neuengitis	How long	9 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	E D Brown
		Address	Winfield Carroll Co.
Accident or Suicide?			

Bloom

Name
in
Full

Flora M. Schaeffer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1905	Month Oct.	Day 3	Years 31	Months	Days
Sex	Female	Color or Race	White	Birth-place	Carroll Co.	
Occupation	Hick	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	George H. Schaeffer			
Father's Name	James Austin		Father's Birthplace	Carroll Co		
Mother's Maiden Name	Sarah Hailey		Mother's Birthplace	Carroll Co.		
Name of person giving information	George H Schaeffer		How related to deceased	Husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Childbirth

How long

Immediate

Septicemia

How long 4 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

H. M. Seader

Address

Reisterstown Md.

Accident or Suicide?

Frank G. Shann

Frank -

Name
in
Full

Mary Wagner

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Town		County		MARYLAND	
Died at	near Westminister	15	Carroll	2	2
Date of death	1905	Month Oct.	Day 15	Years	Age
Sex	Female	Color or Race	white	Birth-place	Carroll Co
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	single	Name of Wife or Husband	Charles F. Wagner Carroll Co Md		
Father's Name	Charles F. Wagner Carroll Co Md				
Mother's Maiden Name	Mary Haines Carroll Co Md				
Name of person giving Information	Charles Wagner Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Narassmus		How long
Immediate	Heart failure		4 months
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	John S. Mathias	
	Address	Archimedes M.D.	
Accident or Suicide?			

drawings

Penina Mary Warfield

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
Sex	Female		Color or Race	White		
Occupation	House wife		Where Residing if not at place of death			
Married, Single or Widowed	widow		Name of Wife or Husband	Penina Warfield		
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving information				How related to deceased		

CAUSES OF DEATH

Primary	Old age & General debility		How long
Immediate	5		How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Jacob Kirchard M.D.
		Address	Fazellburg Md
Accident or Suicide?			

Name
in
Full

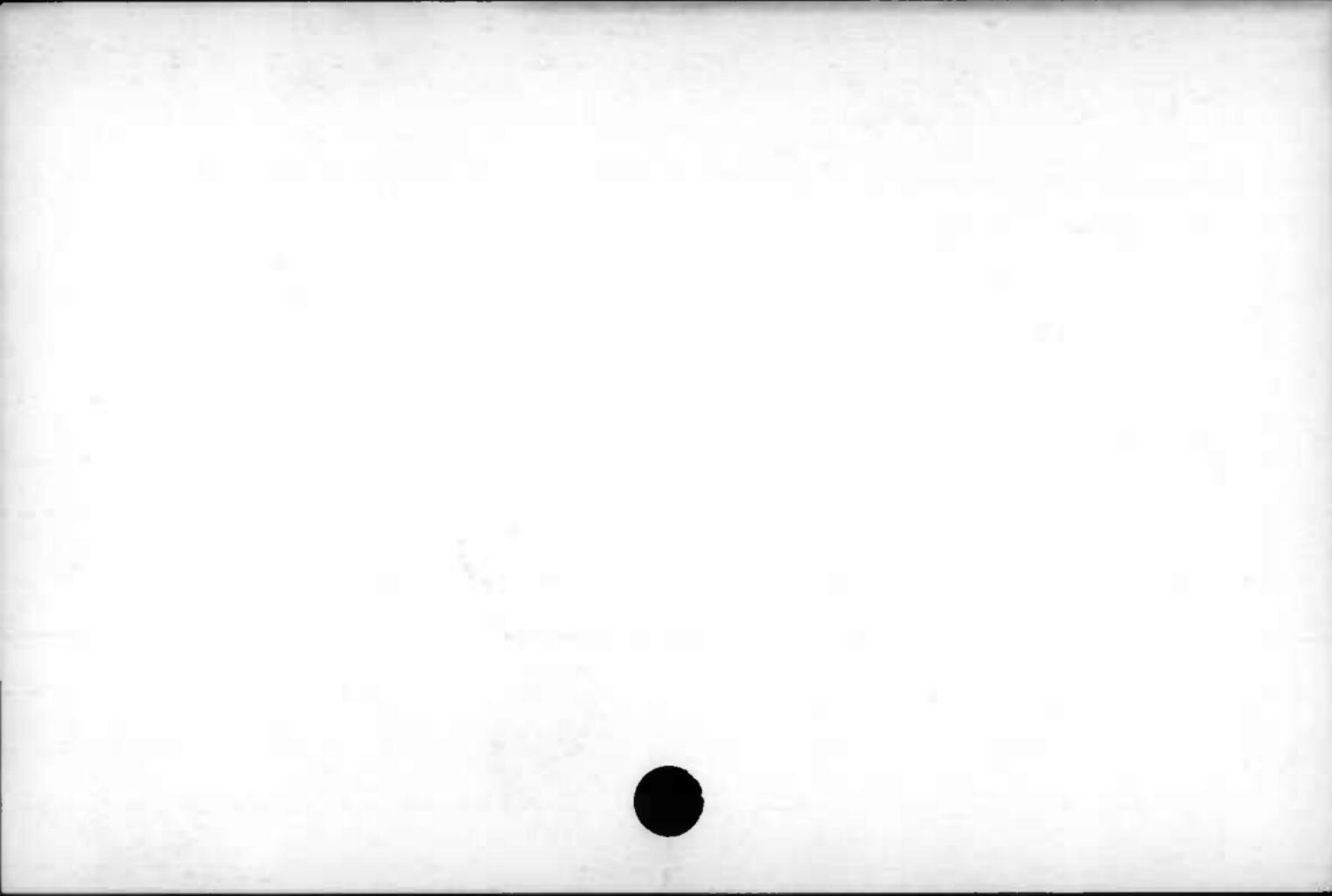
To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Near Fairystown			Wautz Carroll		CERTIFICATE OF DEATH	
Town Dec.	County	MARYLAND				
Date of death 1905	Month 10	Day 6	Age	Years	Months	Days
Sex male	Color or Race white	Birth place Carroll Co. Md.				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Thomas Wautz			Father's Birthplace	Carroll Co. Md.	
Mother's Maiden Name	Fannie Null			Mother's Birthplace	" " "	
Name of person giving Information	Father			How related to deceased	Father	

CAUSES OF DEATH

Primary	Still Born	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?	D. H. Lewis. Fairystown. Md.	



Name
in
Full

Charles White

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County	
Sykesville	Carroll		
Date of death	Month	Day	Years
1905	Oct	19	—
Sex	Color or Race	Age	Months
Female	African	—	10
Occupation	Where Residing If not at place of death	Birthplace	Days
Married, Single or Widowed		Sykesville, Md.	5
Name of Wife or Husband			
Father's Name	Charles White	Father's Birthplace	Pa
Mother's Maiden Name	Clara Johnson	Mother's Birthplace	Sykesville
Name of person giving Information	Charles White	How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Syphilis
Effects of chloroformation

How long

about 1 week

Immediate

Are the name, age, sex, color, date
and place correctly given above?

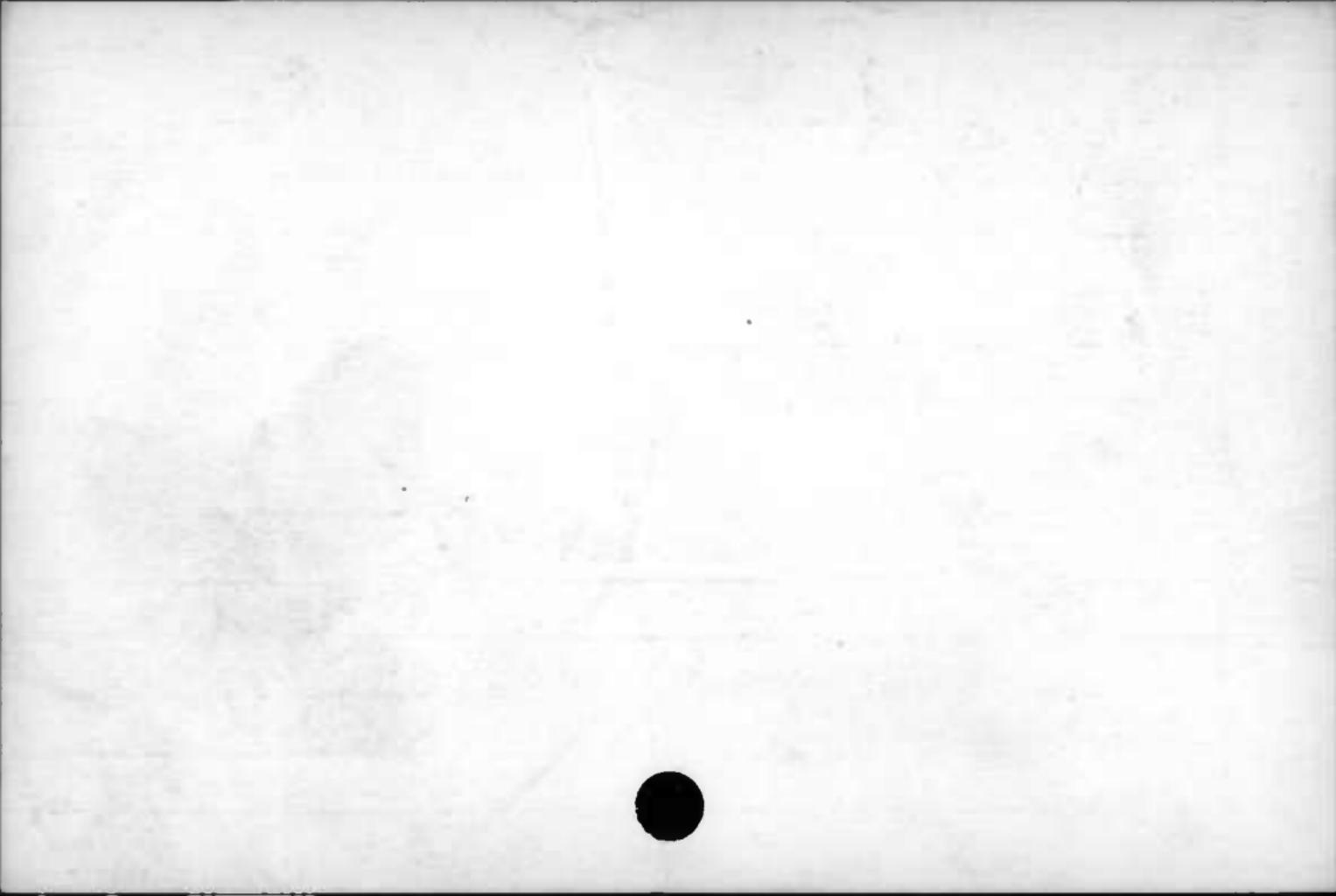
Yes

Signature of
Physician

Address

Leff. Jeffers
Sykesville,
Md.

Accident or Suicide?



Name
in
Full

John V. Gengraff

CERTIFICATE OF DEATH

To BE ANSWERED BY NEAREST FRIEND	Town	County		MARYLAND		
	Died at Westminster	Carroll		Months	Days	
Date of death 1903	Month Oct	Day 22	Years 84	9		
Sex Male	Color or Race white	Birth- place		Germany		
Occupation Retired Farmer	Where Residing if not at place of death					
Married, Single or Widowed Widower	Name of Wife or Husband Adaline	Father's Name		Obold		
Father's Name	Spouse Known	Father's Birthplace		Germany		
Mother's Maiden Name	Joint Known	Mother's Birthplace				
Name of person giving Information	Vincent Yingling	How related to deceased		Son-in-Law		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Wrene Convulsions

24 hrs.

Immediate

Paroxysm

2 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

John D. Wells
Westminster

Accident or Suicide?

St. John's Cemetery